

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 0/541400 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	100	00	100	00	100	00	53						
4			/		/		54						
5			/		/		55						
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44							94						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/	↓	/	↓		↓							
TOTAL DEP.	9	←	8	←		←							
TOTAL CLASMS	10		9										

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